

966

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of <u>Hila</u>	BUREAU OF VITAL STATISTICS		
District of _____	ORIGINAL CERTIFICATE OF BIRTH		
Town of <u>Miami</u>	State Index No. <u>123</u>		
or _____	County Registrar No. <u>658</u>		
City of _____	Local Registrar No. _____		
2. Full name of child <u>Walter Wayne Osborne</u>		No. <u>M. + J. Hospital</u>	
3. Sex of Child <u>Male</u>		(If birth occurred in a hospital or institution, give its NAME instead of street and number)	
To be answered ONLY in event of plural births.		St. _____ Ward _____	
4. Twin, triplet or other _____		If child is not yet named, make supplemental report, as directed.	
5. No. in order of birth <u>3</u>		6. Legitimate? <u>yes</u>	
7. Date of birth <u>Oct. 5-1923</u>		Month _____ day _____ year _____	
8. FATHER		14. MOTHER	
Full name <u>Harry Levi Osborne</u>		Full maiden name <u>Celia Stubbs</u>	
9. Residence (Usual place of abode) <u>Miami</u>		15. Residence (Usual place of abode) <u>Miami</u>	
If nonresident, give place and state <u>Arizona</u>		If nonresident, give place and state <u>Arizona</u>	
10. Color or race <u>white</u>		16. Color or race <u>white</u>	
11. Age at last birthday <u>40</u> (Years)		17. Age at last birthday <u>30</u> (Years)	
12. Birthplace (city or place) <u>Medicine Lodge</u>		18. Birthplace (city or place) <u>Levensville</u>	
(State or country) <u>Kansas</u>		(State or country) <u>Kansas</u>	
13. Occupation		19. Occupation	
Nature of industry <u>y. m. c. a. Secy.</u>		Nature of industry <u>Housewife</u>	
20. Number of children of this mother		21. Were precautions taken against ophthalmia neonatorum?	
(Taken as of time of birth of child herein certified and including this child.)		<u>yes</u>	
(a) Born alive and now living <u>3</u>			
(b) Born alive but now dead _____			
(c) Stillborn _____			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE			
I hereby certify that I attended the birth of this child, who was <u>born</u> at <u>8:30</u> p. m. on the date above stated.			
(Born alive or stillborn.)			
Signature <u>C. M. Cron M.D.</u>		(Physician or midwife)	
Address <u>Miami, Arizona</u>			
Month, day, year. <u>Oct 31, 1923</u>		Filed <u>11-6</u> 1923 <u>B. S. Jia</u>	
Registrar.		County Registrar.	

665-1005-372